

**EVIDENCE SUBMISSION FORM (ESF)**

The Commonwealth of Massachusetts
Department of State Police Forensic Services Group (FSG)
Sudbury Evidence Unit: (508) 358-3155 Fax: (508) 358-3222
Danvers Evidence Unit: (978) 538-6111 Fax: (978) 538-6112
Lakeville Evidence Unit: (508) 946-1310 Fax: (508) 946-1041
Springfield Evidence Unit: (413) 205-1837 Fax: (413) 205-1838

Place LIMS Barcode Label here! *(Affix assigned number below.)**(Affix LIMS barcode label here.)***22-02184 - 2**

MSPCL Case Number



Type of Case: Fatal Hit and Run				Date of incident: 01/29/2022					
Investigating Agency: MSP Norfolk County Detective Unit				Investigating Agency Case #:					
Incident Address: 34 Fairview Road				Incident Town: Canton					
Report to (Name): Trooper Michael D. Proctor #3863				Tel. #: 781-364-0165		Email:			
Victim/Other's Name(s)		DOB	Sex	Race	Suspect's Name(s)		DOB	Sex	Race
V O'Keefe, John		(b)(6)	M	W					
					SSN#				
List item description and owner's name (or origin) of each item separately.					Recovery Location		Analysis Requests (e.g., Arson, Bio Testing, CEDIA, CISA, DUBS, DNA, FIA, GSR, TGA, Tox, OUN w/ blood, Toxic, etc.) (Special Requests (if any) include officer report on all physical evidence)		
2-1 [Compact Disk (CD-R-RW)] (Qty:1)					Autopsy photos-Norfolk SPDU				

The items reported to be in the packages were inventoried and documented above by a representative from the submitting agency. At the time of analysis, the assigned analyst/examiner will unseal the package and verify the inventory. In the event of a discrepancy between the actual inventory and that reported on this form, reconciliation shall be conducted in accordance with the Massachusetts State Police Crime Laboratory (MSPCL) Evidence Handling and Submission Manual. The undersigned submits this evidence on behalf of the investigating agency, who acknowledges that the MSPCL is responsible for conducting all tests according to standard procedures, and who authorizes the MSPCL to make all decisions regarding scientifically necessary deviations from said procedures. This may include sending an item(s) to another laboratory for analysis. All procedural deviations shall be documented in the laboratory notes according to laboratory procedure but notice of each such deviation need not be given to the agency.

I, Tim Allen 113061
Received By (Signature)

, acknowledge receipt of the item(s) above from Tpr. William E. Watson.

Printed or typed rank & name of Delivered By

02/01/2022

Date

CSSS - Southeast

Department / Agency (of Delivered By)

William E. Watson

Signature of Delivered By

IF THE STATUS OF THIS CASE CHANGES, PLEASE NOTIFY THE CASE MANAGEMENT UNIT AT 978-451-3440.

NEW #3061